

<b>Case Number:</b>	CM14-0093468		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers, or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old male who reported an injury on 03/24/2011. The mechanism of injury was not provided. On 05/06/2014, the injured worker presented with pain in the lumbar spine and in the left lower extremity with weakness. Upon examination, there was lumbar spine tenderness with spasm and decreased sensation to the left lower extremity. An MRI of the lumbar spine dated 05/01/2014 noted a small recurrent Herniated Nucleus Pulposus at L4-5 with L4 nerve root compression. The diagnosis was intervertebral disc displacement without myelopathy. Current medications included Norco, Naprelan, and Lidoderm patches. The provider recommended Norco 5/325 mg. with a quantity of 60 but the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 5/325mg qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- pain management Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for Norco 5/325 mg with a quantity of 60 is non-certified. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of improvement of function, and objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalence per day. An adequate and complete assessment of the injured worker's pain level was not provided. Additionally, the efficacy of the medication was not included in the medical documents for review. The providers request for Norco does not indicate the frequency of the medication in the request as submitted, as such the request is non-certified.